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## BIB DATA SHEET

CONFIRMATION NO. 3538

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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\*\* CONTINUING DATA \*\*\*\*\* NONE /TLM/

\*\* FOREIGN APPLICATIONS \*\*\*\*\* /TLM/  
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\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____	GERMANY	2	13	3

**ADDRESS**

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**TITLE**

Method of Installing and Removing a Component of Medical Device

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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